

Guidance Notes for the Use of the Substance Misuse Screening Tool when undertaking Assessments

A requirement of the Young People's Substance Misuse Partnership Grant from Government Office is that there are screening, assessment and referral systems in place to support interventions with all at risk groups and that staff, including those in relevant mainstream agencies, have been trained to use systems. To ensure that we are compliant with this we have adapted the ASSET screening tool for substance misuse to be used when undertaking assessments.

1. We would envisage the substance misuse screening tool to be used in conjunction with assessments if the practitioner undertaking the assessment identifies one or more of the following risk factors:
 - a) The identified need is substance/drug related.
 - b) The parent/carer has been identified as misusing substances/drugs (caution should be used in this instance as screening tool should not be used for children younger than 11 years old).
 - c) Young people and/or parents/carers highlight/discuss substance misuse within the assessment.
 - d) Other professionals involved in the assessments highlight substance/drug misuse issues.
 - e) Physical appearance and general health indicate possible substance/drug misuse.
 - f) Evidence of prevalence of substance/drug misuse within peer group.
2. The focus of the substance misuse screening tool is on the young person's own attitudes and choices about substance use. The details in the table, therefore, should normally relate to occasions when s/he has used substances independently or with friends/associates. It does not need to include certain instances of use within a family context (e.g., moderate user of alcohol with meals at an appropriate age). If parents/carers are giving him/her inappropriate access to substances, however, this should be included (e.g. his/her first use of illegal drugs was with family members, adults allowing excessive alcohol use at a young age).

When addressing the issues in this section it may be helpful to re-emphasise to the young person that the purpose of the assessment is to get a picture of his/her life, pastimes and problems in order to know how best to help him/her.

Decisions on when and how to discuss substance misuse with the young person will depend on his/her age and willingness to engage. It is advised that issues about tobacco, alcohol and solvents should be raised before moving on to illegal drug use. Within such a dialogue, the young person may then be more ready to disclose information about frequency and context of illegal drug use.

It is recognised, however, that some of this information will not always be disclosed (particularly at first interview) or that the young person may not use some, or any, of the substances; each question in the section has a 'not known to have used' option to reflect this.

Ever used refers to any substance use in the past, including experimental or one-off use.

Recent use refers to substance use which the young person regards as an ongoing aspect of his/her life. It is not necessarily referring to frequent use, but to something which is repeated on different occasions and which s/he remains amenable to doing again. A range of behaviour can therefore be included under this question (e.g. daily alcohol use to taking ecstasy when at a particular club).

Practices which put him/her at particular risk – methods of substance use that place the young person at particular risk including injecting, sharing equipment and poly drug/alcohol use. Any occurrence of blackouts, overdosing or withdrawal symptoms will also be of significant concern.

Sees substance use as positive and/or essential to life – this is when the young person believes the 'benefits' of substance use outweigh the risks and problems associated with it.

Noticeably detrimental effect on education, relationships, daily functioning – consider the effects of substance use on the following:

- education – attendance, concentration, attitudes/interest in school, goals/aims for the future;
 - relationships – with family, friends, teachers, staff/other professionals
 - daily functioning – lifestyle, use of free time, health, finances (e.g. a young person going without food in order to have money for cigarettes)
3. When discussing substance misuse with the young person, the practitioner should have an awareness that the young person may not be aware of the correct terminology/name of the substance they are using. i.e., the substance being used may be known only by its “street name”.
4. If, as a result of the screening tool, substance misuse has been identified as requiring support, the following referrals pathways should be undertaken:
- a) Information, guidance and support (not referrals) – Specialist Substance Misuse Social Workers based in:
 - a. Goole Family Support Team (01405 720780) for Goole & surrounding area
 - b. Bridlington Family Support Team (01262 602612) for Bridlington, Drifffield & Hornsea
 - c. Hedon Family Support Team (01482 899962) for Holderness and Beverley
 - b) Information, guidance and support with offending behaviour – Specialist Substance Misuse Youth Offending Team Worker
 - a. Youth Offending Team (01482 396637)
 - c) Referrals into the Young People’s Substance Misuse Service –Specialist Substance Misuse Social Workers and Nurses are based within the Family Support Teams.
 - a. Goole, Howden and Pocklington area – Tel. 01405 780511
 - b. Bridlington, Drifffield and surrounding area – Tel. 01262 422500
 - c. Holderness, Haltemprice and Beverley area – Tel. 01482 899962
5. If, during the course of the assessment, the practitioner has concerns about the welfare or safety of the child (i.e., child protection concerns), these should be discussed with a manager, or a named or designated health professional or designated member of staff. If, after discussion, these concerns remain, and it seems that the child and family would benefit from other services, decisions should be made about to whom to make a referral. If the child is considered to be, or may be, a child in need under the Children Act 1989, Child Protection referral protocols for the practitioner’s agency should be followed. This includes a child who is believed to be, or may be at risk of, suffering significant harm. If these concerns arise about a child who is already known to Children’s Services, the allocated worker should be informed of these concerns.

Substance Misuse Screening Tool – for use with Young People

Name:	D.O.B
Address:	

Question	Yes	No	Comments	
1. Do you currently use drugs/alcohol/solvents?				
2. If yes, what are you using and how often?	Ever used	Recent Use	Not known to have used	Comments
Tobacco				
Alcohol (please specify)				
Solvents (glue, gas and volatile substances e.g. petrol, lighter fuel)				
Cannabis				
Ecstasy				
Amphetamines				
LSD				
Poppers				
Cocaine				
Crack				
Heroin				
Methadone (obtained legally or illegally – specify in evidence box)				
Tranquilisers				
Steroids				
Other (please specify)				
	Yes	No	Comments	
3. Are you worried that you are using too much?				
4. Is anyone else worried about your drug/alcohol/solvent use?				
5. If you use drugs, do you ever do so alone?				
6. Can you give any reasons why you use drugs/alcohol/solvents? (escape, boredom, lonely, peer pressure, fun)				

Question	Yes	No	Comments
7. If you use drugs, do you think about the drugs a lot of the time?			
8. Do you plan your day to make sure you can use drugs/alcohol/solvents?			
9. Do you need to use more to get high/drunken?			
10. Do you feel irritable or anxious if you don't use drugs alcohol/solvents?			
11. Do you miss your favourite drugs/alcohol/ solvents if you are unable to use them for a while?			
12. Does your drugs/alcohol/ solvent use effect your attendance/performance at school/work?			
13. Does your drug use cause problems at home (eg, financially, relationships, safety, etc)?			
14. In the last year, have there been times when you have been unable to remember what has happened to you as a result of your drugs/alcohol/ solvent use?			
15. Any other comments the young person wishes to make?			

Please indicate whether any of the following apply to the young person

Question	Yes	No	Comments
Practices which put him/her at particular risk (e.g injecting, sharing equipment, poly-drug use)			
Sees substance use as positive and/or essential to life			
Noticeably detrimental effect on education, relationships, daily functioning			
Offending to obtain money for substances			
Other links to offending (e.g. offending while under influence, possessing/supplying illegal drugs, obtaining substances by deception			

Further Action	Yes	No	Comments
Does the young person want further support?			If no, please state reason.
Action Taken			

Commonly Abused Substances and Their Effects

The following information gives details regarding the most commonly abused substances and their effects. It also gives a list of possible signs and symptoms relating to these substances, however, it should be noted that many of these “signs and symptoms” can be caused by things other than drug use and are relatively normal behaviours, particularly during adolescence.

Why do people use and abuse drugs?

There are many reasons why people use drugs. Some people use drugs because they like the rush it gives them or because they are thrill-seekers. Others may try a drug out of curiosity or because their friends do it. However, many people use drugs in order to cope with unpleasant emotions and the difficulties of life. People who are suffering emotionally use drugs—not in order to get high—but to feel normal. Drug use can be a seemingly attractive and easy escape from all kinds of problems. Speed might be used to fight feelings of inferiority, sleeping pills to deal with panic attacks, or painkillers to numb depression. However while drug use might make a person feel better in the short-term, this attempt to self-medicate ultimately backfires. Instead of treating the underlying problem, drug use simply masks the symptoms. Take the drug away and the problem is still there, whether it be low self-esteem, stress, or an unhappy family life. Furthermore, prolonged drug use eventually brings its own host of problems, including major disruptions to normal, daily functioning. Unfortunately, the psychological, physical, and social consequences of drug abuse and dependence are often worse than the original problem the user was trying to cope with or avoid.

What drugs are most commonly abused and what are their effects?

Almost all drugs have the potential for addiction and abuse, from caffeine to prescription medication. However, the majority of non-alcohol-related drug problems are due to use of the substances listed below. These drugs affect users' brains and bodies in different ways, producing symptoms of intoxication and abuse that are unique to each substance.

Marijuana and Cannabis Abuse

Believed to be the most commonly used illegal drug, marijuana enhances the senses and brings on feelings of relaxation and well-being. Marijuana is also used medicinally to relieve pain, reduce nausea and vomiting, and stimulate appetite. However, there are drawbacks to extended use, including learning and memory impairment, lung and respiratory problems caused by the smoke, and infertility. According to The National Youth Anti-Drug Media Campaign, marijuana abuse has also been linked to low achievement, delinquent behaviour, and poor family relationships.

SIGNS & EFFECTS OF MARIJUANA

Types and Street Names

- Marijuana (pot, dope, weed)
- Hashish

Effects and Signs of Abuse

- Sense of relaxation
- Heightened sensory awareness
- Increase in appetite
- Slowed thinking and reaction time
- Impaired coordination
- Respiratory problems
- Red, dilated eyes
- Memory and learning difficulties
- Increased heart rate
- Anxiety and paranoia

Depressants and Downer Abuse

Depressants, commonly known as downers, are substances that slow down the central nervous system. Sleeping pills and prescription medications for anxiety such as Xanax and Valium fall into this drug category, as do Rohypnol and GHB, known as “date rape” drugs due to their frequent use in sexual assaults. Downers are often abused by individuals suffering from anxiety and low self-esteem. But while they induce relaxation, they also impair the user's ability to think clearly and react quickly. People abusing depressants may appear to be drunk—exhibiting signs such as losing their balance and slurring their words. Additionally, they may suffer from amnesia and delusions. Downers are highly addictive, and withdrawal is severe, with symptoms including nausea, vomiting, and cramps. Downers are lethal in high doses, particularly when mixed with alcohol.

SIGNS & EFFECTS OF DOWNERS

Types and Street Names

- Barbiturates (downers, sedatives)
- Benzodiazepines (downers, tranqs)
- Methaqualone (Qualudes)
- Rohypnol (roofies)
- GHB (liquid ecstasy)

Effects and Signs of Abuse

- Decreased anxiety
- Sense of relaxation and well-being
- Lowered inhibitions
- Drowsiness and fatigue
- Slowed breathing and pulse
- Depression
- Confusion and disorientation
- Slurred speech
- Impaired coordination
- Impaired memory and judgment

Stimulants and Upper Abuse

Stimulants, or uppers, are drugs which speed up the central nervous system. Commonly-abused uppers include cocaine, methamphetamine, crack, and prescription drugs such as Ritalin and Adderall. While stimulants will initially boost energy and confidence, their use over time leads to symptoms such as anxiety, aggression, sleep difficulties, hallucinations, and paranoid thinking. As uppers wear off, users experience a “crash,” characterized by depression, fatigue, and irritability. Overdose can result in heart failure, stroke, and death.

SIGNS & EFFECTS OF UPPERS

Types and Street Names

- Amphetamines (uppers, speed)
- Cocaine (coke, blow)
- Crack cocaine
- Methamphetamine (meth, crank)
- Crystal meth
- Ritalin and other ADHD drugs

Effects and Signs of Abuse

- Feelings of exhilaration and euphoria
- Increased energy and hyperactivity
- Rapid or irregular heart beat
- Reduced appetite and weight loss
- Aggressive or impulsive behavior
- Anxiety and restlessness
- Insomnia
- Irritability
- Paranoia
- Rapid speech

Hallucinogen and Dissociative Drug Abuse

Hallucinogens and dissociative drugs, also known as psychedelics, are mind-altering drugs that affect the user's sensory perceptions and thought processes. Hallucinogens such as LSD and peyote can promote insight, contemplation, and euphoria—with some users reporting spiritual or out-of-body experiences. But on the flip side, these same drugs can result in “bad trips” characterized by panic and psychotic breaks with reality. Ecstasy, a popular club drug with both hallucinogenic and stimulant properties, boosts empathy and feelings of interpersonal closeness. Risks include a dangerous increase in body temperature, liver damage, and heart problems. The dissociative drugs PCP and ketamine block perception of pain and induce a trance-like state. Adverse effects can be severe and include violent reactions, complete disorientation, and terrifying delusions and hallucinations.

SIGNS & EFFECTS OF HALLUCINOGENS

Types and Street Names

- | | |
|----------------------|--------------------------------|
| • PCP (angel dust) | • Psilocybin (magic mushrooms) |
| • LSD (acid) | • MDMA (ecstasy) |
| • Mescaline (peyote) | • Ketamine (Special K) |

Effects and Signs of Abuse

- | | |
|---|---------------------------|
| • Heightened sensory awareness | • Nausea and vomiting |
| • Hallucinations | • Flashbacks |
| • Euphoria | • Panic or paranoia |
| • Impaired perception of reality | • Impaired motor function |
| • Increased heart rate and blood pressure | • Memory loss |

Narcotic and Opioid Abuse

Narcotics, or opioids, are powerful pain relievers that mimic the effects of endorphins, the body's natural “feel-good” chemical. Commonly-abused narcotics include heroin, morphine, codeine, and prescription painkillers such as Vicodin and Oxycontin. These drugs elevate mood and induce a tranquil, relaxed state. Side effects include nausea, vomiting, and severe itching. Tolerance and physical dependency will develop if opioids are used for any extended period of time. If a narcotics abuser quits “cold turkey,” he or she will experience withdrawal symptoms. While not dangerous, withdrawal from heroin and other narcotics is extremely unpleasant, with symptoms including muscle and joint pain, fever, nausea, sweats, chills, stomach cramps, and diarrhea. Overdose is another risk of narcotic abuse, especially if the user is shooting the drug. Another danger of intravenous opioid or heroin use is infection from dirty needles. Intravenous drug users are at a higher risk of contracting viruses such as HIV and hepatitis, and often suffer from abscesses, collapsed veins, and bacterial infections.

SIGNS AND EFFECTS OF NARCOTICS

Types and Street/Brand Names

- | | |
|-------------------------|-----------------------------------|
| • Heroin (smack, junk) | • Fentanyl (Duragesic) |
| • Opium | • Oxycodone (Oxycontin, Percocet) |
| • Morphine | • Hydromorphone (Dilaudid) |
| • Codeine | • Meperidine (Demerol) |
| • Hydrocodone (Vicodin) | • Propoxyphene (Darvon) |

Effects and Signs of Abuse

- | | |
|---------------------------|--------------------|
| • Pain relief | • Constipation |
| • Euphoria | • Confusion |
| • Drowsiness and sedation | • Slowed breathing |

SIGNS AND EFFECTS OF NARCOTICS

- Nausea
- Depression

Inhalant Abuse

Inhalants are chemicals which cause intoxication when sniffed or inhaled. They include common, household solvents, aerosols, and gases such as paint thinner, dry-cleaning fluid, gasoline, glue, felt-tip marker fluid, deodorant and hair sprays, spray paint, air fresheners, butane lighters, and propane tanks. Other abused inhalants include medical anaesthetics such as “laughing gas,” ether, and chloroform. While “huffing” gives users a brief high, this high often comes with side effects including nausea, vomiting, delusions, confusion, and loss of consciousness. Prolonged inhalant abuse can also cause damage to the brain and other organs of the body. But the biggest risk involved with inhalant use is death by overdose. Inhalant use can cause sudden heart failure, or “sudden sniffing death syndrome,” even in individuals who are young and healthy.

SIGNS & EFFECTS OF INHALANTS

Types and Street Names

- Solvents (paint thinners, gasoline, glues)
- Aerosols (hair spray, spray paint)
- Gases (butane, propane)
- Nitrous oxide (laughing gas)
- Nitrites (poppers)

Effects and Signs of Abuse

- Brief “high”
- Loss of inhibition
- Headache or lightheadedness
- Nausea or vomiting
- Seizures
- Impaired motor coordination
- Impaired memory
- Weakness and fatigue

Steroid Abuse

Unlike other drugs of abuse, anabolic steroids don't have any intoxicating effects. They are used, not to get “high,” but to improve athletic performance and build muscle. But while steroids may help would-be athletes bulk up or obtain an edge on the field, they come with serious side effects and health risks. Steroid abuse causes blood pressure to skyrocket, increases bad cholesterol (LDL) while decreasing good cholesterol (HDL), triggers violent and aggressive behaviour, results in severe acne, and brings growth to a halt in adolescents. Women taking steroids can develop facial hair, a deep voice, and male-pattern baldness. Men, on the other hand, can develop breasts, infertility, shrinking of the testicles, and baldness.

Types and Street Names

- Anabolic steroids (roids, juice)

Effects and Signs of Abuse

- Stunted growth in adolescents
- Breast enlargement in men
- Facial hair growth in women
- Hostility and aggression
- Acne
- High blood pressure
- Infertility
- Liver disease
- Cardiovascular disease
- Cholesterol changes

The above information has been taken from www.helpguide.org.uk